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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b>		Application Number	10/688,051
		Filing Date	October 16, 2003
		First Named Inventor	Ammar Rayes
		Group Art Unit	2134
		Examiner Name	Tran, Tongoc
Total Number of Pages in This Submission (including Acknowledgment Receipt postcard and check)	11	Attorney Docket Number	50325-0800

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee in the amount of \$2490.00 enclosed	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition To Convert To a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	1. <input type="checkbox"/> Request for Continued Examination (RCE) Transmittal (1 pg)
<input checked="" type="checkbox"/> Information Disclosure Statement (5 pgs)	<input type="checkbox"/> Request for Refund	2. <input type="checkbox"/> Issue Fee Transmittal (1 pg)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, number of CD(s) _____	3. <input type="checkbox"/> Acknowledgment Receipt postcard
Remarks Throughout the pendency of this application, please charge any additional fees, including any required extension of time fees, and credit all overpayments to deposit account 50-1302.		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Hickman Palermo Truong & Becker LLP Stoycho D. Draganoff, Reg. No. 56,181
Signature	
Date	January 10, 2007

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class: mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: January 10, 2007

Type or printed name	Teresa Austin	Date	January 10, 2007
Signature		Date	January 10, 2007

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



# FEE TRANSMITTAL for FY 2007

Patent fees are subject to annual revision.  
Small Entity payments must be supported by a small entity statement,  
otherwise large entity fees must be paid. See Forms PTO/SB/09-12  
See 37 C.F.R. §§ 1.27 AND 1.28

**TOTAL AMOUNT OF PAYMENT** **(\$)** 2490.00

Complete if Known	
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## METHOD OF PAYMENT (check one)

1.  Throughout the pendency of this application, please charge any additional fees, including any required extension of time fees, and credit all overpayments to deposit account 50-1302. A duplicate of this sheet is enclosed.

Deposit Account Number **50-1302**

Deposit Account Name **Hickman Palermo Truong & Becker, LLP**

2.  Payment Enclosed:

Check  Money Order  Other

3.  Applicant(s) is entitled to small entity status.  
See 37 CFR 1.27.

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1051	130	2051 65 Surcharge – late filing fee or oath	
1052	50	2052 25 Surcharge – late provisional filing fee or cover sheet.	
1251	120	2251 60 Extension for reply within first month	
1252	450	2252 225 Extension for reply within second month	
1253	1,020	2253 510 Extension for reply within third month	
1254	1,590	2254 795 Extension for reply within fourth month	
1255	2,160	2255 1,080 Extension for reply within fifth month	
1401	500	2401 250 Notice of Appeal	
1402	500	2402 250 Filing a brief in support of an appeal	
1452	500	2452 250 Petition to revive – unavoidable	
1453	1,500	2453 750 Petition to revive – unintentional	
1501	1,400	2501 700 Utility issue fee (or reissue)	1400.00
1502	800	2502 400 Design issue fee	
1504	300	2504 300 Publication Fee	300.00
1462	400	1462 400 Petitions Director not specifically provided for Group I	
1463	200	1463 200 Petitions Director not specifically provided for Group II	
1464	130	1464 130 Petitions Director not specifically provided for Group III	
1806	180	1806 180 Submission of information Disclosure Stmt	
8021	40	8021 40 Recording each patent assignment per property (times number of properties)	
1809	790	2809 395 Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	790	2810 395 For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify): RCE fee required under 37 CFR 1.17(e)			
			790.00

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1011	300	2011 150 Utility filing fee	
1111	500	2111 250 Utility Search fee	
1311	200	2311 100 Utility Examination fee	
1081	250	2081 125 Utility Application Size Fee	
1005	200	2005 100 Provisional Application Fee	
1085	250	20835 125 Provisional Application Size Fee	
SUBTOTAL (1)		(\$)	0.00

### 2. EXTRA CLAIM FEES

Highest Paid Claims	Extra Claims	Fee from Below	Fee Paid
Total Claims	-20**=	0	X 50.00 = 0.00
Independent Claims	- 3**=	0	X 200.00 = 0.00
Multiple Dependent			=

\*\*or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202	50	2202 25 Claims in excess of 20
1201	200	2201 100 Independent claims in excess of 3
1203	360	2203 180 Multiple dependent claim, if not paid
1204	200	2204 100 **Reissue independent claims over original patent
1205	50	2205 25 **Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$)

\*Reduced by Basic Filing Fee Paid **SUBTOTAL (3)** **(\$)** 2490.00

## SUBMITTED BY

Name (Print/Type)	Stoycho D. Draganoff	Registration No. (Attorney/Agent)	56,181	Telephone	(408) 414-1208
Signature	<i>Stoycho D. Draganoff</i>			Date	January 10, 2007

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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